					Application or Docket Number									
	PATENT A	APPLICATIO Effect	RD		1	0/4	56	129	12					
			SMALI TYPE	. EN	YTITY	OR	OTHER SMALL I							
TOTAL CLAIMS			<i>\$1</i> 5					RAT	E	FEE		RATE	FEE	ĺ
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			√(minus 20=		• /			X\$ 9	=	· · · · ·	OR	X\$18=	··· - · · · · · · · · · · · · · · · · ·	
INDEPENDENT CLAIMS			ع minus 3 =		* -			X42=			OR	X84=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+140=			OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	\L		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 2) (Column 3)								SMA	11.1	ENTITY	OR	OTHER SMALL	•	
MENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST BER OUSLY	PRESENT EXTRA		RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 19	Minus	# 6	30	-0		X\$ 9	=	71	OA	X\$18=		-
	Independent	* 3	Minus	***	3	-0	-	X42:	=	1	OR	X84=	X	
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]			/ / -			X	ľ
+140 TO										/	OR	#280=		K
								ADDIT. F			OR	ADDIT. FEE		ł
		(Column 1) CLAIMS	1	(Colui		(Column 3)	,							ļ
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		=		X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=		X42:	-		OR	X84=		Ì
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM			440						
								+140			OR	+280= TOTAL		Į
								ADDIT. F	EE		OR	ADDIT. FEE	,	Į
		(Column 1) CLAIMS		(Colui		(Column 3)	,							
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATI	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	1	X\$ 9	_	166	OR	X\$18=		1
	Independent	*	Minus	***	· · · · · ·	=	1	X42:				X84=	<u> </u>	1
\ L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_		OR	A04=		-
	NEAL					alicena C		+140	=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE]	
		mber Previously Pa					er fo	und in th	е ар	propriate bo	x in co	olumn 1.		